COVERNMENT BU I	OF LADING CORRECTION	ON NOTICE	DATE NOTICE PREPARED
GOVERNMENT BILL	OF LADING CORRECTION	ON NOTICE	
1. GBL NUMBER	2. DATE GBL WAS ISSUE	D	3. TOTAL WEIGHT SHOWN ON GBL
4. ORIGIN (As shown in "Origin" block on GBL.)		5. DESTINATION (As shown in "Destination" block on GBL.)	
6. ROUTE (Complete routing shown on GBL.)		7. ISSUING OFFICE (As shown on GBL under "For Use of Issuing Office.")	
8. TO: (Name and address of carrier/activity to which directed, including ZIP Code.)			9. Complete Items 9a, b, and c only when correction is made after transportation charges have been paid.
			a. D.O. VOUCHER NUMBER
			b. D.O. VOUCHER DATE
			c. D.O. SYMBOL
10. FROM: (Full name and address of the activity	ty initiating the notice, including ZIP C	ode.)	
11. BILL OF LADING NOW READS (Show the information as it reads prior to correction.)		12. CORRECT BILL OF LADING TO READ (Show how the corrected information should read.)	
13. AUTHORITY FOR CORRECTION (Tariff and	d item numbers; classification and iten	n number; or other authority f	for making the change.)
14. REMARKS (Pertinent information not otherw	ise provided on the form. If more spa	ce is required, use reverse si	ide of this form.)
15. INFORMATION COPY TO (Name and addre	ess, including ZIP Code.)	16. SIGNATURE AND TI	TLE OF INITIATING OFFICIAL
			ENTATIVE'S SIGNATURE (Require when notice is initiated attion charges are affected.)